



## Student Internship/Practicum Application

PLEASE PRINT

### Personal Information

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about our agency or the program?

Newspaper  School  Website  Friend/Family  Other \_\_\_\_\_

Are you *under* 18 years of age?  Yes  No

Are you related to any employee or Board member of PLACES? If yes, indicate who and your relationship.

Yes \_\_\_\_\_  No

Have you ever worked or interned at PLACES? If yes, give dates and position or program.

Yes \_\_\_\_\_  No

Have you ever pled guilty to, or been convicted of, a crime?\* If yes, provide dates and details below.

Yes \_\_\_\_\_  No

*\* Answering "yes" does not constitute an automatic bar to interning. Factors such as the date of offense, the seriousness and nature of the violation, rehabilitation, and position being applied for will be taken into account.*

### Internship/Practicum Preferences

Name of college or university \_\_\_\_\_

This is for my  Associates Degree  Bachelors Degree  Masters Degree in \_\_\_\_\_

I need to do an internship/practicum for \_\_\_\_\_ hours. Start date \_\_\_\_/\_\_\_\_/\_\_\_\_ End date \_\_\_\_/\_\_\_\_/\_\_\_\_

I must be supervised by:  LSW  LISW  LPC  LPCC  Not Applicable  Other \_\_\_\_\_

Please check programs in which you are interested:  Adult Care Facilities  Permanent Supportive Housing

Supportive Living Program  Administration  Other \_\_\_\_\_

What days and times can you work? Check all that apply.

Morning:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Afternoon:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Evening:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

**Emergency Contact Information**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_

**Client Transporting Information** (Please complete if willing to transport clients.)

Driver's License # \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_\_

**Statistical Information**

Race \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Orientation Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Internship and Experience**

Describe why you are interested in interning at PLACES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What types of volunteer or work experience have you had and briefly describe any experience you have working with the mental illness and homeless populations. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What knowledge, skills or expertise would you be willing to use as part of your internship? (i.e., fluent in Spanish, knowledge of certain cultures.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any restrictions, such as allergy to a certain animal, which may affect your suitability for an internship? If so, explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## References

*Please provide three business/work references who are not related to you. If not applicable, please provide three school or personal references from people not related to you.*

Reference #1 Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Alternate Phone or Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Reference #2 Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Alternate Phone or Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Reference #3 Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Alternate Phone or Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

## Intern Statement

I certify that all the information I have supplied in this internship/practicum application is true, complete and accurate. I understand that by submitting this application, I authorize inquiries to be made concerning my suitability as an intern and that it does not ensure an appointment into the program. I also give permission for criminal background or other checks, if applicable. I understand PLACES does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration on a basis prohibited by applicable local, state, or federal law. I agree to comply with and be bound by the agency's safety and health rules and regulations, rules of conduct, and any other rule or procedure set forth by my employer.

Signature of Intern \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Thank you for completing this internship/practicum application and helping use serve those in need.*